

**FCC Form 481 – Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	519009
<015> Study Area Name	All West Wireless, Inc.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jenny Prescott
<035> Contact Telephone Number: Number of the person identified in data line <030>	(435) 783-4913
<039> Contact Email Address: Email of the person identified in data line <030>	jenny.prescott@allwest.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	0	(attach descriptive document)	<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)			<input checked="" type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	0	(attach descriptive document)		
<330> Detail on Attempts (broadband)				
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0			
<420> Mobile	0.0			
<430> Number of Complaints per 1,000 customers (broadband)				
<440> Fixed	0.0			
<450> Mobile	0.0			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 519009WY510	(attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 519009WY610	(attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)			
<710> Company Price Offerings (broadband)	(complete attached worksheet)			
<800> Operating Companies and Affiliates	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)			
<1000> Voice Services Rate Comparability	(check to indicate certification)			
<1010> <input type="radio"/> <input checked="" type="radio"/>	(attach descriptive document)			
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)			
<1110>	(complete attached worksheet)			
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)			<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	
<2005>	(complete attached worksheet)	<input type="checkbox"/>	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	
<3005>	(complete attached worksheet)	<input type="checkbox"/>	

**(100) Service Quality Improvement Reporting
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jenny.prescott@allwest.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

 Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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[illegible]

(700) Price Offerings including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2013

<703>

[illegible]

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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[illegible]

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<810>	Reporting Carrier	All West Wireless
<811>	Holding Company	All West Communications, Inc.
<812>	Operating Company	All West Wireless

10/10/2013

**(900) Tribal Lands Reporting
Data Collection Form**

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<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1100) No Terrestrial Backhaul Reporting
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<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers

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Lifeline

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<1210> Terms & Conditions of Voice Telephony Lifeline Plans

519009WY1200

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
 <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	<p>Milestone Certification (47 CFR § 54.313(f)(1)(i))</p> <p>Please check this box to confirm that the attached PDF , on line 3012,</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)	<p>contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3012)	<p>Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3013)	<p>Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3014)	<p>If yes, does your company file the RUS annual report</p> <p>Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3015)	<p>Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/> <input type="checkbox"/>
(3016)	<p>PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/> <input type="checkbox"/>
(3017)	<p>If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p>	Name of Attached Document Listing Required Information	blank doc
(3018)	<p>If the response is no on line 3014, Is your company audited?</p> <p>If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No)
(3019)	<p>Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3020)	<p>PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3021)	<p>Management letter issued by the independent certified public accountant that performed the company's financial audit.</p> <p>If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3022)	<p>Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3023)	<p>Underlying information subjected to a review by an independent certified public accountant</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3024)	<p>Underlying information subjected to an officer certification.</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3025)	<p>PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3026)	<p>Attach the worksheet listing required information</p>	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: All West Wireless, Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 10/10/2013
Printed name of Authorized Officer: Jenny Prescott	
Title or position of Authorized Officer: VP/Finance & HR	
Telephone number of Authorized Officer: 435-783-4913	
Study Area Code of Reporting Carrier: 519009	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 / OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481 Certifications

FCC Form 481 Line 510
All West Wireless - Wyoming
SAC 519009

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

- The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules; including rules regarding verification of orders for telecommunications service as required of submitting carriers (i.e., Slamming) {Section 64.1100}, compliance with the FCC's Truth-in-Billing Requirements {64.2400}, and all other customer protection rules including employee training and manual development as applicable.

FCC Form 481 Certifications

FCC Form 481 Line 610
All West Wireless - Wyoming
SAC 519009

Line 610: Functionality in Emergency Situations

- The Company has established operating procedures designed to facilitate compliance with applicable service quality standards, which may include customer remedies and improvement plans. Specifically the Company complies with Sections 236 of the Wyoming Public Service Commission rules requiring it to furnish to its customers safe, adequate and continuous service in accordance with accepted good practice, and to that end, maintain its entire plant and system in such condition as to enable it to furnish such service, and inspect its system and facilities in such manner and with such frequency as may be necessary to obtain knowledge of their current condition and adequacy.

WYOMING TELEPHONE ASSISTANCE PROGRAM

The Wyoming Telephone Assistance Program helps low-income residents by providing partial discounts on monthly local basic phone service and one-time hook up fees. In order to qualify for the program, your income must be at or below 130% of poverty (see back), or you must qualify for one of the programs listed in below.

In order to receive the benefit, you will need to complete the following steps:

1. Complete and sign the form below.
2. Return the form to the address indicated on the bottom of the form.

Benefits start on the date the local telephone company receives your signed application. It will take approximately 30 days from the date of application for the discount to appear on your telephone statement. Benefits will stop when you no longer qualify for the public assistance program indicated or you no longer qualify for the minimum income level.

QUESTIONS?

ALL WEST COMMUNICATIONS 1-888-292-1414 or 1-435-783-4361

APPLICATION

I am requesting the partial service discount on local basic telephone rates under the Telephone Assistance Program. I am entitled to the discount under the following program(s):

(Please circle the appropriate program)

Emergency Work Program (EWP)	Unemployment	Housing Assistance
Home Energy Assistance (HEAT)	Education Assistance	Food Assistance
Supplemental Security Income	Medical Assistance	Refugee Assistance
General Assistance	Temporary Aid	Low Income (see back)

NAME: _____
 STREET ADDRESS: _____
 CITY, STATE, ZIP: _____
 SOCIAL SECURITY NUMBER: _____
 HOME TELEPHONE: _____

I want All West Communications to apply the standard services discount to my monthly bill. I checked the program listed above as verification of my qualification. I will notify ALL WEST COMMUNICATIONS when I am no longer eligible to receive the TAP benefits.

I understand that giving false information or failing to notify ALL WEST COMMUNICATIONS when I no longer qualify for the program may cause me to pay the difference between the discount and the regular tariffed rates.

Signature: _____
 Date: _____

Return the form to: All West Communications
 50 W 100 N
 Kamas, UT 84036

DO YOU QUALIFY FOR REDUCED PHONE RATES?

Under the Public Service Commission's Lifeline Rule, you may be eligible for the Telephone Assistance Program – partial discount on monthly local basic telephone service and one time hook up fees.

You must qualify for one of the following programs:

EMERGENCY WORK PROGRAM
HOME ENERGY ASSISTANCE
SUPPLEMENTAL SECURITY INCOME
GENERAL ASSISTANCE
UNEMPLOYMENT
EDUCATION ASSISTANCE

MEDICAL ASSISTANCE
REFUGEE ASSISTANCE
FOOD ASSISTANCE
HOUSING ASSISTANCE
TEMPORARY AID

*Or, if not currently receiving benefits, your income must be at or below 130% of poverty level (see below).

Giving false information or failure to notify All West Communications when and if you no longer qualify, may require you to pay for reduce rates given in error.

This program is available to existing customers or new customers and applies to local basic service only.

***MONTHLY INCOME ELIGIBILITY LIMITS**

<u>HOUSEHOLD SIZE</u>	<u>130% POVERTY LEVEL</u>
1 person	\$892
2 persons	\$1202
3 persons	\$1512
4 persons	\$1823
5 persons	\$2133
6 persons	\$2445
7 persons	\$2754
8 persons	\$3064
9 persons	\$3376
10 persons	\$3685
11 persons	\$3755
12 persons	\$4047
13 persons	\$4339
14 persons	\$4630
15 persons	\$4923